



STOCKSBRIDGE
URBAN DISTRICT COUNCIL

ANNUAL
REPORT

of the
Medical Officer of Health
for the Year
1963

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STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1963.

Councillor Miss M. E. BALFOUR, C.C. (Chairman)

„ A. E. JACKSON, J.P. (Chairman of the Council)

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„ S. G. MEGGITT, J.P. (Commenced 23/5/63)

„ A. T. NEEDLE

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STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health :

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health and Senior Assistant County Medical Officer :

F. C. ARMSTRONG, M.B., Ch.B., D.P.H.

Public Health Inspector and Surveyor :

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

Additional Public Health Inspector :

A. E. KAYE, R.S.H., Cert.

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STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health for the year 1963.

**To the Chairman and members of the
Stocksbridge Urban District Council.**

Lady and Gentlemen,

I have the honour to present my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1963. As usual, I am including in the report some statistics of the extent to which the Part III services of the Local Health Authority were used during the period under review.

The Vital Statistics for 1963 are fair.

Birth Rate.

The Birth Rate has risen slightly, to 17.7 per 1,000 of the estimated population, but at this figure it is still lagging behind that for England and Wales and the Administrative County of the West Riding. The corrected rate is 18.1.

Crude Death Rate.

The Crude Death Rate is 12.2 per 1,000 of the estimated population and is the highest we have had since 1954. This rate equals that for England and Wales, but is a decimal figure above that for the Administrative County of the West Riding. The corrected Death Rate is 15.4.

Still Birth Rate.

The Still Birth Rate is the lowest for any year for which I have records. At 4.9 per 1,000 Live and Still Births it compares very favourably with 17.3 for England and Wales and 18.7 for the Administrative County of the West Riding. Last year, you will remember, we had the highest rate for eleven years.

Infantile Mortality Rate.

I am very disappointed at the Infantile Mortality Rate which, at 24.8 per 1,000 live and still births, is far too high and, indeed, is the highest we have had since 1957, when the figure was 32.6. The rate for England and Wales is 20.9 and

for the West Riding Administrative County 23.0. Of the five deaths it would appear that two might be termed "preventable" — the infant who died from Bronchopneumonia somewhere between the first and third months of life, and the child who died at birth from drowning. This, in effect, was an accidental death, the child being born precipitately when the mother was unprepared. The other three deaths were due to congenital conditions or premature births.

The table dealing with principal causes of death shows that the highest number of deaths was in the group of diseases of the circulatory system, which includes coronary disease. Of the 52 deaths in this group, 29 were due to coronary disease and angina, a considerable increase in the number for 1962. The next highest group of deaths was diseases of the respiratory system, including Pneumonia and Bronchitis, where there was a total of 23 deaths. Following this very closely is a total of 21 cases of malignant disease, in which there were five deaths from carcinoma of the lung. There were three cases of carcinoma of the lung in 1962, and this increase is rather disturbing. This condition is increasing and the death rate from the disease is rising, and we are all beginning to get alarmed about it. I think I would be failing in my duty if I did not say once again in this report that I am still firmly convinced that cigarette smoking is a contributory factor in the aetiology of carcinoma of the lung. We have tried our best by example in some cases, and in other cases by short talks and by visual aid posters, and I am afraid there is not very much more we can do. It is a habit that is difficult to break once it has got a hold. One can only hope that common sense will prevail in time and that this habit will be contained within reasonable limits.

There were five deaths due to violence during the year, one a suicide, one a road accident, and three other accidents. Of those three, one was an accident in a Works, one was the infant case of drowning referred to above, and the other was an elderly male who suffered a home accident. This accident death rate for 1963 is disappointing, particularly when we consider that during 1962 there was only one. The types of accident were unfortunate and tragic, but one hesitates to give any explanation for these happenings. I am glad to report that the Stocksbridge branch of the Royal Society for the Prevention of Accidents is still extremely active, and they meet once a month and discuss every aspect of road and home safety. There is a special department in the Steelworks in the

township to deal with work safety, and they do excellent work. I am very grateful to these ladies and gentlemen in the Voluntary Committees who are striving to find the solution to the continuing problem of road accidents and home accidents. It can only be done by persistent teaching and keeping in front of the public the day to day dangers that surround them.

The Infectious Diseases picture is very much better than that for 1962. There were 64 cases of infectious disease notified during the year, just a little over 25% of the number for 1962. Like 1962, the greatest number were cases of Measles. In 1962 we had a minor epidemic which had not cleared completely before 1963 began, and we probably had the tail of the epidemic stretching into the current year. In the period under review, 38 of the 64 cases were cases of Measles, but there was an increase of Whooping Cough to a total of 21 in all. It would appear that Measles is still a force to be reckoned with in the field of Infectious Diseases, and we have been fortunate in recent years that the type of infection has been relatively mild, and as far as I am aware there have been no unfortunate sequelae. However, one is always on the look out for complications of Measles, and I still think that parents and guardians of young children should make sure that the patient is carefully protected during an attack, and that other susceptible children should be kept well away from the infection. We are still awaiting the results of the field trials of the vaccine which has been prepared as a prophylaxis against Measles, and one is hopeful that ere long it will be freely available, just as we have a vaccine available for Whooping Cough, Diphtheria, and other diseases.

Mr. Robinson, the Public Health Inspector, has provided that part of the report which deals with Sanitary Circumstances.

In Stocksbridge there is a total of 4,105 dwelling houses, an increase of 162 compared with 1962. Of this total, 4,027 receive water from public supplies and 78 receive supplies from private and piped sources. During the year these latter supplies have been watched and there have been no complaints about the quality or quantity of the water. The sampling of supplies was carried out by the Sheffield Corporation Water Department, who are the water undertakers for the district, and all examinations were satisfactory.

The sewage disposal is reasonably satisfactory, and 4,027 of the total number of houses are provided with water closets. The remainder are provided with earth or pail closets, this being the only suitable means of sewage disposal owing to the absence of water supplies and availability of sewers. I am glad to be able to report that the new Sewage Disposal Works are progressing to near completion, and I should think that by midsummer 1964 they should be in operation. At least 80% of the walls of the sludge beds are completed, and the pumping station hut is well under way.

Two new sections of sewer have been laid, one between Gibson Lane and Pearson Street, which went underneath a bowling green behind the Friendship Inn, and the second one in Holehouse Lane. Each of those lengths was approximately 250 yards. Another length has to be completed following a delay because it is routed through the works of Messrs. Samuel Fox & Co. Ltd.

Before I conclude this report I would like to take this opportunity of thanking the Chairman and members of the Health Committee for their encouragement during the year. I would like also to thank the Clerk and all other members of the Council staff for their helpful co-operation. My grateful thanks is due to Mr. Robinson and his staff for the way in which they have carried out the duties in the Health Department, and for their personal kindnesses to me. Finally I must put on record my grateful thanks to Dr. F. C. Armstrong for his advice and help and loyal support to me during the year.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,630 acres. The number of inhabited houses at the end of 1963 was 4,105. The rateable value of the district is £640,159, whilst the product of a penny rate is £2,525 as at 1st April, 1963.

VITAL STATISTICS.

Population.

The Registrar General has given his estimation of the population as 11,390, an increase of 280 as compared with the 1962 figure.

Births.

There were 202 live births registered in the district during the year. Of these 102 were males and 100 females. There were 6 illegitimate births, 2 male and 4 female.

Still-Births.

During the year there was one male still-birth. There were no illegitimate still-births.

Deaths.

139 deaths were attributed to the district during 1963, 86 male and 53 female.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the Country.

RATES PER 1,000 TOTAL POPULATION.

Year	England and Wales	West Riding Administrative County	Stocksbridge U. D.
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LIVE BIRTHS (Rates per 1,000 of the Population)

1963	18.2	18.2	17.7
1962	18.0	17.8	16.1
1961	17.4	17.2	17.2
1960	17.1	16.9	17.3
1959	16.5	16.5	17.4

DEATHS (Crude Death Rate) (Rates per 1,000 of the Population)

1963	12.2	12.0	12.2
1962	11.9	12.0	8.6
1961	12.0	12.1	9.6
1960	11.5	11.5	9.9
1959	11.6	11.6	9.9

STILL-BIRTHS (Rates per 1,000 Live and Still Births)

1963	17.3	18.7	4.9
1962	18.1	18.5	27.2
1961	18.7	20.2	10.5
1960	19.7	22.4	21.2
1959	20.7	20.4	10.7

PRINCIPAL CAUSES OF DEATH.

Infective Diseases.								Male	Female	Total
Tuberculosis (other)	.....	.....	.....	.....	.....	.....	.....	1	—	1
Cancer.										
Malignant neoplasm, breast	.....	.....	.....	.....	.....	.....	.....	—	2	2
Malignant neoplasm, stomach	.....	.....	.....	.....	.....	.....	.....	4	—	4
Malignant neoplasm, lung and bronchus	.....	.....	.....	.....	.....	.....	.....	5	—	5
Malignant neoplasm, uterus	.....	.....	.....	.....	.....	.....	.....	—	2	2
Other malignant and lymphatic neoplasms including leukaemia	.....	.....	.....	.....	.....	.....	.....	5	3	8
Diabetes	.....	.....	.....	.....	.....	.....	.....	2	—	2
Nervous System.										
Vascular lesions of nervous system	.....	.....	.....	.....	.....	.....	.....	11	15	26
Circulatory System.										
Coronary disease, angina	.....	.....	.....	.....	.....	.....	.....	18	11	29
Hypertension with heart disease	.....	.....	.....	.....	.....	.....	.....	1	2	3
Other heart disease	.....	.....	.....	.....	.....	.....	.....	11	4	15
Other circulatory diseases	.....	.....	.....	.....	.....	.....	.....	4	1	5
Respiratory System.										
Pneumonia	.....	.....	.....	.....	.....	.....	.....	4	2	6
Bronchitis	.....	.....	.....	.....	.....	.....	.....	9	6	15
Other diseases of Respiratory System	.....	.....	.....	.....	.....	.....	.....	2	—	2
Congenital Malformations	.....	.....	.....	.....	.....	.....	.....	1	—	1
Other Defined and Ill-Defined Diseases	.....	.....	.....	.....	.....	.....	.....	5	3	8
Suicide	.....	.....	.....	.....	.....	.....	.....	—	1	1
Accidents.										
Motor Vehicle	.....	.....	.....	.....	.....	.....	.....	1	—	1
All other accidents	.....	.....	.....	.....	.....	.....	.....	2	1	3
All Causes	.....	.....	.....	.....	.....	.....	.....	86	53	139

AGE DISTRIBUTION OF DEATHS.

								Male	Female
Under 1 year	.....	.....	.....	.....	.....	.....	.....	3	2
1 to 2 years	.....	.....	.....	.....	.....	.....	.....	—	—
2 to 5 years	.....	.....	.....	.....	.....	.....	.....	1	1
5 to 15 years	.....	.....	.....	.....	.....	.....	.....	1	—
15 to 25 years	.....	.....	.....	.....	.....	.....	.....	1	—
25 to 45 years	.....	.....	.....	.....	.....	.....	.....	6	2
45 to 65 years	.....	.....	.....	.....	.....	.....	.....	16	7
65 years and over	.....	.....	.....	.....	.....	.....	.....	58	41
								86	53
TOTAL								86	53
								86	53

Infantile Mortality.

There were 5 deaths under 1 year of age (3 male, 2 female), equivalent to a rate of 24.8 per 1,000 live births.

DEATHS UNDER 1 YEAR.

(Rates per 1,000 Related Live Births)

Year					England and Wales	West Riding Administrative County	Stocksbridge U.D.
1963	.....	.....	.....	.....	20.9	23.0	24.8
1962	.....	.....	.....	.....	21.4	23.3	11.2
1961	.....	.....	.....	.....	21.4	24.6	15.9
1960	.....	.....	.....	.....	21.7	22.5	16.2
1959	.....	.....	.....	.....	22.0	24.0	21.6

**TABLE SHOWING AGE DISTRIBUTION OF
INFANTILE DEATHS.**

Cause of Death				Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Bronchopneumonia	.....			—	—	—	—	—	1	—	—	—	1
Prematurity	.....	.....		1	—	—	—	1	—	—	—	—	1
Drowning	.....	.....		1	—	—	—	1	—	—	—	—	1
Pulmonary Hyaline Membrane Disease	.....			1	—	—	—	1	—	—	—	—	1
Asphyxia Neonatorum				1	—	—	—	1	—	—	—	—	1
Total	.....	.....	.....	4	—	—	—	4	1	—	—	—	5
1962	.....	.....	.....	1	—	—	—	1	1	—	—	—	2
1961	.....	.....	.....	1	—	—	1	2	1	—	—	—	3
1960	.....	.....	.....	2	—	—	—	2	1	—	—	—	3
1959	.....	.....	.....	3	—	1	—	4	—	—	—	—	4

Epidemic Diseases.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

Maternal Mortality.

There were no maternal deaths during 1963.

Inquests.

Inquests were held on 6 occasions and in 12 cases the cause of death was certified by the Coroner after Post-mortem Examination without Inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57.

Vital Statistics.

Live Births	.....	202.
Live Birth Rate per 1,000 population	.....	17.7
Illegitimate Live Births per cent of total live births		2.9
Still-births	.....	1.
Still-birth Rate per 1,000 total live and still births		4.9
Total Live and Still-births	.....	203.
Infant Deaths (deaths under 1 year)	.....	5.

Infant Mortality Rates.

Total infant deaths per 1,000 total live births	.....	24.8
Legitimate infant deaths per 1,000 legitimate live births	.....	25.5
Illegitimate infant deaths per 1,000 illegitimate live births	.....	—
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	.....	19.8
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	.....	19.8
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	.....	24.6

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 64 cases of Infectious Disease were notified. They were distributed as follows :—

	Notifications	After Correction
Measles	38	38
Scarlet Fever	—	—
Whooping Cough	21	21
Acute Pneumonia	—	—
Dysentery	2	2
Food Poisoning	—	—
Erysipelas	2	2
Puerperal Pyrexia	—	—
Acute Encephalitis (Infective)	—	—
Meningococcal Infection	1	1
	64	64

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

Disease	England and Wales	West Riding Administrative County	Stocksbridge U. D.
Erysipelas	0.04	0.05	1.84
Scarlet Fever	0.37	0.45	0.00
Pneumonia	0.30	0.39	0.00
Measles	12.78	11.72	3.33
Whooping Cough	0.74	0.55	1.84
Dysentery	0.67	0.32	0.15
Meningococcal Infection	0.01	0.02	0.09

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

DISEASE	Age Groups	Age Groups								Age Groups						TOTALS
		0—1 year	1—2 years	2—3 years	3—4 years	4—5 years	5—10 years	10—15 years	15—25 years	25—35 years	35—45 years	45—65 years	65 and over	Age Unknown		
Measles	2	5	3	8	5	10	3	2	—	—	—	—	—	38	
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	2	3	3	1	4	8	—	—	—	—	—	—	—	21	
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	1	—	—	—	—	—	—	—	1	—	—	—	—	2	
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	—	—	—	—	—	—	—	—	—	1	—	—	1	2	
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal Infection	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
Acute Encephalitis (Infective)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS		5	8	6	10	9	18	3	2	1	—	1	—	1	64	

Scarlet Fever.

There were no cases of Scarlet Fever notified during the year, the fourth year in succession that this has happened.

Measles.

There was a considerable drop in the number of Measles cases notified during 1963 as compared with 1962. There were 38 cases, and all except 5 occurred in the first quarter. The remaining 5 were notified in the early part of the second quarter. No more cases were reported during the year. It is obvious, therefore, that those notified were a tail-off from the relatively high incidence of 1962. There were 25 cases notified from Deepcar, 11 from Stocksbridge and 2 from Bolsterstone.

The attack rate for Measles for the year was 3.33, compared with a figure of 12.78 for England and Wales and 11.72 for the West Riding Administrative County.

Whooping Cough.

There were 21 cases of Whooping Cough notified during the year, giving an attack rate of 1.84 for Stocksbridge, which compares unfavourably with that for England and Wales, 0.74, and the West Riding Administrative County, 0.55. The Whooping Cough cases were notified 2 in the third quarter of the year and 19 in the fourth quarter. The first 2 cases appeared in Deepcar, and in all 13 were notified from Stocksbridge and 8 from Deepcar.

On checking over the records in my office I found that two children had been immunised against the disease. This is the first occasion that this has happened in Stocksbridge, and one can only suggest that these children were attacked by a severe form of infection which was minimised by previous immunisation, or that the three prescribed doses of antigen were not, in these particular cases, sufficient.

Immunisation against the disease was continued in the district during the year, and in all 159 children were immunised, 24 more than in the previous year. Of that number 154 were under the age of 5 years and the remaining 5 were over 5 years of age. There is always vaccine available in my vaccine store at my office, and General Practitioners and Clinics are supplied from that store as required. The vaccine can be obtained either combined as a triple antigen or it can be in the single antigen form.

Smallpox.

We were not involved in any Smallpox scare in 1963 as we were in 1962, but we continued to advise vaccination against Smallpox at every opportunity. The procedure was continued at Clinics and by General Practitioners, and during the year 13 persons were vaccinated, 4 under the age of one year and 8 in varying age from 1 to 15 years. There was one person vaccinated over the age of 15. There were no revaccinations during the period under review. The figure seems small, but it must be remembered that there was a tremendous number of vaccinations carried out in the previous year.

Diphtheria.

No cases were reported during the year, which is what we have come to expect nowadays. We are still doing everything we can in our Clinics and in our health educational work to keep the subject of immunisation against Diphtheria very much in the picture. We must not allow this disease to be forgotten. The number of children protected during 1963 was 162, which is one less than in the previous year, and of this total 153 were under the age of 5, and 9 between the ages of 5 and 15 years. Booster doses were provided for children at approximately 5 years of age and there were in all 73 children who received this reinforcing dose of antigen, 37 more than in 1962.

Poliomyelitis.

There were no cases of Poliomyelitis notified during the year. Poliomyelitis Vaccine is available as an Oral Vaccine and the conventional Salk Vaccine. Now by far the most common method of giving the antigen is by the oral method, and we find that this appeals a great deal to the mothers of young children who are to receive the treatment and, indeed, to the young adults who have their reinforcing doses of antigen.

As mentioned in previous reports, it is extremely difficult to give precise figures for each respective County District, and in consequence I am giving the Divisional Statistics of immunisations carried out during 1963.

PRIMARY IMMUNISATION.

Age Group.	Number of persons who have received:—	
	Salk Vaccine Two injections	Oral Vaccine Three doses
Children born in 1963	1	200
Children born in 1962	3	726
Children born in 1961	39	121
Children and young persons year 1943 — 1960	102	175
Young persons born in the years 1933 — 1942	29	22
Others	164	88
	TOTALS	1332

Reinforcing Doses.

Number of persons given third injection of Salk Vaccine	99
Number of persons given fourth injection of Salk Vaccine	8
Number of persons given a reinforcing dose of Oral (Sabin) Vaccine after :	
(1) 2 Salk Doses	187
(2) 3 Salk Doses	54

Tuberculosis.

During 1963 there were 4 cases of Tuberculosis notified, one case being transferred from a neighbouring County District. All the cases were Pulmonary and were under the care of the Chest Physician. The case transferred from the neighbouring district was under domiciliary supervision, but still under the care of the Chest Physician.

Each of the homes of the cases notified was visited by my Tuberculosis Health Visitor, who made a very detailed investigation into the family contacts and any other salient factors that might have some bearing on the spread of this infection.

All members of families of cases notified are offered immediate chest X-ray facilities and a check-up from the Chest Physician. We find that this offer is generally accepted, and it is also noticeable that relatives and other members of

the family are only too glad to take part in any investigation where this disease is concerned. This is most encouraging and we are grateful for this help, which not only helps us in our environmental investigation, but helps them as a family as well.

B.C.G. Vaccination.

You will remember during 1962 we reorganised the timing of the B.C.G. Vaccination so far as age grouping of the children was concerned, and we now arrange for this to be done on entry into Secondary Modern or Grammar School, at the age of 11 to 12. You will remember also in that report I mentioned that, because of this reorganisation, there were no B.C.G. Vaccination sessions carried out in the school during that year. During 1963, however, we brought the scheme up to date, but to provide treatment for all children at the earlier age group it meant that we had a larger number to deal with, in effect, all children from 11 to 14. The numbers so treated were considerably higher, but we have now established the new timing as a result of this large survey during 1963.

There were 224 children tested, and all but 25, who gave a positive result, were vaccinated. The positive reactions in the 25 cases mentioned were very slight indeed and did not call for any further investigation so far as we were concerned. Their reaction was enough to make us consider it was wiser not to vaccinate.

Health Education.

In 1962 there were severe limitations placed on our Health Education programme because of the shortage of both medical and health visiting staff. In 1963 the situation improved, but not to a full establishment. However, there was no let-up in the Health Education programme in Clinics and in the Mothercraft Discussion Groups. I find that in the latter group quite a wide range of subjects can be discussed other than those concerned with the young expectant mother particularly. Relaxation Classes at the Ante-natal Clinics and in special groups conducted by the midwife are also proving valuable, and at those classes a fair amount of Health Education is carried out.

Two subjects which had special attention during the year were talks about "Preparation for retirement" and a more intensive campaign in the "Smoking and Health" series. It was the wish of the Principal of the College for Further

Education to introduce a course on all aspects of Preparation for Retirement at his College during the autumn. I was asked to prepare a talk dealing with the medical aspects. Unfortunately, the course was never established, but a special advertised meeting was called for in the school one evening towards the end of the year, when I was asked to give a talk on the subject. There was not a very good attendance, but the subject did stimulate quite a fair amount of discussion amongst those who did attend. Following this effort I was asked once again to talk to a group of retired workers and their friends at the Steelworks, but owing to staffing difficulties the lecture was postponed until early in 1964. This is a subject which roused great interest, and I was very glad to be able to take part in the discussions.

The other main subject was an intensive course in the "Smoking and Health" campaign. Towards the end of the year the Central Council for Health Education mobile unit, with two experienced lecturers, visited the Division, and during the course of their visit they conducted lectures at the Secondary Modern School in Stocksbridge and the College of Further Education, and these lectures consisted of cinematograph films, filmstrips, and actual pathological specimens. This was a rather intensive Health Education effort, and I think that it did good as it was a talking point amongst young people and their parents for some time.

Home Safety and Prevention of Accidents were still very much in mind during the year, with the Home Safety Committee and the Accident Prevention Council meeting regularly and organising programmes of interest. Those Committees do valuable work, and I would like to put on record my thanks to them for the way in which they devote their time and energies to this subject.

National Assistance Act.

There was no occasion to use the provisions of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

Chiropody Service.

The Chiropody Service continues and is expanding, and is obviously giving much help to a large number of patients. During the year the West Riding County Council direct service at the Clinic provided in all 569 treatments, involving 115 patients. At the same time there were 30 patients who received

93 treatments in their own home. Those people had been certified as being unable, because of physical illness, to attend the static clinic. All those cases were patients who were of pensionable age.

Besides this direct service the Old Age Pensioners' Association conducted their own service, the expenses of which were the subject of a 100% refund from the County Council. This Voluntary Organisation provided their own Chiropodist, and he conducted 411 treatments to 89 patients at their fixed Old Age Pensioners' Club and 57 patients received treatment in their own homes, when a total of 281 treatments were provided.

The Chiropody Service is available to Old Age Pensioners, handicapped people and expectant mothers. All those who received treatment in Stocksbridge were Old Age Pensioners.

Mental Health Service.

During the year the Mental Health Service has maintained a steady progress. You are no doubt aware that the whole of Stocksbridge comes within the catchment area of the Storthes Hall Hospital.

I am glad to report that the liaison between the hospitals and the community service remains good, and there are regular monthly discussions between the hospital staff and the Mental Welfare Officers, when problems are dealt with at group discussion. There has been a lot of work done in the field of preventive care by the use of out-patient clinics, treatment clinics and day hospital attendances. Patients have been discharged from hospital and the Mental Welfare Officers have helped to support them in the community. In one or two instances patients have been able to remain in the community quite happily, and one is forced to reflect that a few years ago some of those patients would have required readmittance to hospital for further treatment.

Apart from the aged, no serious delays have occurred in the admission of patients. Unfortunately, there still remains a shortage of beds for the aged, the confused ambulant patients, who are unable to manage their own affairs. I find the hospitals extremely helpful in those cases, but this is an evergrowing problem and the hospitals are bound to find it difficult to accommodate all who seek admission. The general policy in Mental Hospitals is that the acute case of mental illness should be admitted as soon as possible, given intensive treatment, and discharged home to the community without

delay. This is progressive thinking in the care of mental patients, but it throws a tremendous burden of increased case-load on the Mental Welfare Officers. We also find that the majority of those patients do well if they are seen regularly, and if they have confidence in the Mental Welfare Officers. It is essential that the treatment prescribed for them by the Hospital Consultant should be carried out meticulously, and the Mental Welfare Officers always look out for any neglect on the part of the patient to take his medicaments.

Out-patient Clinics.

Out-patient Clinics for the people resident in Stocksbridge are held at Barnsley Beckett Hospital on Mondays and Wednesdays. The Clinics are staffed by Consultant Psychiatrists, one from Sheffield and one from Storthes Hall Hospital. The Mental Welfare Officers attend the Clinics to maintain liaison with the hospital staff.

Mental Subnormality.

The Training Centre at High Green for handicapped children is of great value, and it removes much of the worry and responsibility from the parents, for part of the day at least. Those young people demand nearly 24 hours a day constant supervision, and the relief by attending the Training Centre means a lot to the environmental happiness.

The Care Unit at the Training Centre is now in much greater demand, and the number of children who could be admitted exceeds the accommodation available. We will have to think in terms of sharing the limited accommodation by dividing the time amongst the children, allowing children to have part-time at the Centre. Another alternative is to increase the size of the Care Unit accommodation, and this possibility is very real.

Cases of subnormality who are being looked after at home, and are not suitable for the Training Centre, are sometimes a problem to the parents, particularly as the parents advance in years and are unable to extend to the patient that loving care and attention which they have given in the past. Some measure of relief can be afforded in those instances by having the patient admitted for short-term care into one of the hospitals for the mentally subnormal. A period of four weeks sometimes relieves the tension, and in some cases helps the patient. Permanent care for those cases is difficult to provide, as accommodation is severely taxed at the moment.

The Care Unit at our Training Centre at High Green was opened on the 12th August, 1963 and in all it caters for seven patients from the whole of the Division. The Training Centre itself, besides providing some form of training for the patients, has an active social programme and there are regular social evenings held in the premises. The patients attend those meetings with their parents and other relatives.

A modern and complete Centre kitchen was opened in August, 1963, which contains all the up-to-date cooking facilities. The standard of cooking is excellent, and there are few, if any, complaints from the patients and staff.

The following are the statistics of the mentally subnormal cases we have in the Stocksbridge area.

Care and Guidance.

16 years and over.	Male	Female
In full employment	1	1
Fully employed and/or supervised at home	—	2
Working part-time	1	—
Training Centre	1	1
Training Centre refused	4	2
Unemployable or cot cases	2	—
Under 16 years.		
Training Centre	4	2
Working	—	—
Cot cases	1	1
	—	—
	14	9
	—	—

Admissions and discharges to Mental Hospitals.

During the year 7 patients (4 male and 3 female) were admitted to Storthes Hall Hospital by the Mental Welfare Officers. There were 9 discharges from Storthes Hall, 5 male and 4 female. All of these made requests for after-care. Admissions to Midlewood Hospital during the same period were 3 (2 male and 1 female). There were 3 discharges, 2 male and 1 female, request for after-care being made in the case of the female.

Distribution of Welfare Foods.

The amount of Welfare Foods issued in Stocksbridge Urban District during 1963 was as follows :—

- National Dried Milk — 2,616 tins.
- Cod Liver Oil — 119 bottles.
- Vitamin A and D Tablets — 180 (packets of 45).
- Orange Juice — 2,153 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated :—

Address of Premises	Days	Times
STOCKSBRIDGE URBAN DISTRICT Child Welfare Centre, Miners' Welfare House, Manchester Road, Stocksbridge Stocksbridge Co-operative Society, Deepcar Branch, Manchester Road, Deepcar.	Tuesday Friday During Shop Hours	10—12 a.m. 1-30—3-30 p.m. 10—12 a.m.
PENISTONE URBAN DISTRICT Child Welfare Centre, Shrewsbury Road, Penistone	Monday	2—4 p.m.
PENISTONE RURAL DISTRICT Child Welfare Centre, Golf Club, Cawthorne Stocksbridge Co-operative Society, Thurgoland Branch Thurgoland Mrs. Thickett, Post Office, Oxspring	Alternate Wednesdays During Shop Hours During Shop Hours	1-30—3-30 p.m.
HOYLAND NETHER URBAN DISTRICT Mrs. Mellor, Queen Street, Hoyland Common Child Welfare Centre, Miners' Welfare Hall, Hoyland	Thursday Tuesday	2—4 p.m. 11—12 a.m. 2—4 p.m.

Address of Premises	Days	Times
WORTLEY RURAL DISTRICT Clinic, Parish Hall, Oughtibridge	Thursday	2—4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2—4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapelton	Wednesday	11—12 a.m. 2—4 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2—4 p.m.
Colley Estate Clinic, Wheata Place, Sheffield, 5.	Monday Wednesday	2—4 p.m. 2—4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside.	Thursday	2—4 p.m.
Child Welfare Centre, Wharnccliffe Silkstone Welfare Hall, Pilleys, Nr. Barnsley.	Alternate Mondays	2—4 p.m.
Child Welfare Centre, Knowle Top, Stannington	Wednesday	2—4 p.m.
Child Welfare Centre, Congregational Church, Loxley	Alternate Tuesdays	1-30—3-30 p.m.
Mrs. Iles, Post Office, Wharnccliffe Side	Friday	2—4 p.m.
Mrs. D. Harper, The Shop, Main Road, Dungworth	During Shop Hours	

GENERAL PROVISION OF THE HEALTH SERVICES.

Hospitals.

The Sheffield Regional Hospital Board is responsible for the provision of the Hospital Services covering this district. Infectious Disease cases are admitted to Lodge Moor Hospital, Sheffield. General cases are admitted to the Sheffield group of General Hospitals and occasionally to Barnsley Beckett Hospital.

Laboratory Services.

These services are available at the Public Health Laboratories at the City General Hospital and at Wakfield. The Medical Directors of each of these centres have been most helpful on a number of occasions and I am grateful to them for their advice and help.

Ambulance Service.

As in previous years the Ambulance Service operated throughout the Division with great efficiency. No increase has been made in the number of vehicles operational, and six are still based on the main depot at Hoyland and two at the Penistone Fire Station.

During 1963 two vehicles have been replaced with the latest models incorporating a number of modern refinements such as side door loading, provision for the electrical heating of the premature baby cots when the vehicles are in motion, facilities for the attendant to gain entrance to the body of the ambulance from the driver's cab, to name but a few of these latest refinements. Economical use of vehicles is ensured with the radio tele-communication system, and the ability to direct an ambulance to an urgent case whilst operating in the vicinity, rather than turn out another vehicle, is now an accepted part of the efficiency of this service. There have been no alterations in the arrangements with other authorities, and liaison with other services operating in the Division has been maintained.

Towards the end of the year an opportunity was given to the ambulance personnel to take advantage of the B.C.G. scheme, and without exception all staff agreed and arrangements were made whereby one of my Medical Officers attended during the shift change-over and there was no disruption to the service.

CLINICS.

Child Welfare.

The Clinics held in Stocksbridge area are listed below, together with the number of attendances during the year 1963.

CHILD WELFARE CENTRES.

Name and Address of Centre Name of Doctor and Health Visitor in attendance	Day and Time of sessions	Total number of attendances during the year.	
		Number who attended for first time during 1963	Children up to 5 years
STOCKSBRIDGE British Hall. Dr. D. Patterson, Miss A. G. M. Holden.	Tuesday p.m.	288	*1,937
Health Visitor session: Miss A. G. M. Holden.	Friday p.m.		
* These figures apply to both sessions at Stocksbridge.			

Other Clinics conducted in Stocksbridge are Ophthalmological, Ante-natal Relaxation Classes, B.C.G. Vaccination. We have no need for special clinics for Poliomyelitis vaccination, since the Oral Vaccine used requires little time to prepare and can be administered during the ordinary Welfare Clinic.

The Clinics were held in the British Hall, Stocksbridge, but towards the end of the year we received notice to leave the premises as soon as possible and 'alternative accommodation' was being sought as a temporary measure until the new Clinic was in being. The new Clinic has been approved, and after some delay due to legal negotiations in connection with the purchase of the land everything was ready to go ahead with the new building. It is anticipated that the new Clinic will be available sometime in the summer of 1964.

HEALTH VISITING.

The Health Visiting staff during 1963 was as follows :—

Name	Address	Telephone No.
Mrs. L. M. Sellars (Resigned 31/12/63)	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
Mrs. M. A. Laycock (Assistant)	6, Unsliven Road, Stocksbridge.	
Miss A. G. M. Holden	16, Laburnum Grove, Stocksbridge.	Stocksbridge 3509
Mrs. E. C. Haigh (Temporary)	Cliffe Hill, Cawthorne.	

During the year we lost the services of Mrs. Sellars, who found that her domestic arrangements required more and more of her supervision, and she had reluctantly to resign from our service. She was an excellent officer and we were extremely sorry to lose her to the service. This has inevitably put a strain on the remaining members of the staff, but we were fortunate towards the end of the year in obtaining the services, temporarily, of an excellent Health Visitor, Mrs. E. C. Haigh. This most efficient officer hoped to be with us for a few months prior to her home being transferred to the south of the country. Notwithstanding this change in establishment the Health Visitors' duties were maintained at a reasonably high level.

The Health Visitor still makes a point of teaching positive health and the prevention of disease. In her close contact with the family she has a wonderful opportunity of teaching items of interest in health matters, and I am very grateful to the people in Stocksbridge for the way they have received these officers in their respective homes, and I am grateful also to the Health Visitors for the standard of work they maintain. The Health Visitor also does supervisory work in the Clinics and in schools.

The total number of visits made by the Health Visitors during 1963 was 3,609, a less number than in 1962, but considering the reduction in staff it was quite a good effort.

Tuberculosis Visiting.

We have a Health Visitor who is employed exclusively on Tuberculosis visiting. She works on a Divisional basis, but her responsibility is to visit cases on notification of the disease. She makes intensive enquiries for all contacts and possible sources of the infection, and encourages contacts to attend a Chest Clinic for X-ray and a general check-up. This Health Visitor also attends the Chest Physician's Out-patient Consultant Clinic, and she therefore forms a close liaison between our environmental service and the hospital service. This is all to the overall benefit of the patient.

HOME NURSING.

The Home Nursing staff during 1963 was as follows :—

Name	Address	Telephone No.
Mrs. A. M. Armitage	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294
Mrs. R. Chambers	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370

The Home Nursing establishment has not been below strength during the year. The Home Nurses visited 135 new cases, with a total of 4,278 visits being made during the year. This is an increase of 531 compared with 1962. Both members of the staff are mobile.

MIDWIFERY SERVICE.

The Midwifery Staff during 1963 was as follows :—

Name	Address	Telephone No.
Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele (Relief)	Lane Farm, Carr Road, Deepcar.	Stocksbridge 3310

The staff here remains unchanged and the service given is a very comprehensive one. Relaxation and group talks are given to ante-natal mothers at the special sessions.

During the year the Midwives attended a total of 106 confinement cases, of these 92 in the capacity of Midwives and 14 in the capacity of Maternity Nurses. (These figures include deliveries undertaken by the Relief Midwife in other areas). Both Midwives are mobile.

During the year 6 cases availed themselves of Pethidene medication and 18 of Trilene Analgesia. During the year the use of Gas and Air Analgesia has been gradually superseded by Trilene and the giving of Pethidene.

NURSING STAFF AS AT 1st JULY, 1964.

Health Visitors.

Name	Address	Telephone No.
Miss A. G. M. Holden	16, Laburnum Grove, Stocksbridge.	Stocksbridge 3509
Mrs. M. A. Laycock, (Assistant)	6, Unsliven Road, Stocksbridge.	

Home Nurses.

Mrs. A. M. Armitage,	88, Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. R. Chambers,	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370

Midwives.

Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele (Relief)	Lane Farm, Carr Road, Deepcar.	Stocksbridge 3310

Domestic Help Service.

During 1963 a total of 11,801 Domestic Help hours were provided in the Stocksbridge Urban District. There were 19 Domestic Helps employed, attending a total of 70 cases. Of this total 52 cases were continued from 1962, the remaining 18 being new cases. The types of cases where domestic help was made available are as follows:—

Maternity Cases	.....	6
Tuberculosis	.....	—
General cases over 65 years	.....	63
General cases under 65 years	.....	1
Other cases	.....	—
TOTAL		70

SANITARY CIRCUMSTANCES — 1963.

(Prepared by Mr. D. E. Robinson)

Nuisances.

Table showing the number and type of nuisance found and action taken during the year.

Blocked drains	.....	52
Blocked or defective sink wastes	.....	19
Blocked or defective W.C.'s	.....	16
Defective dustbins	.....	21
Defective roofs, eaves, gutters and fall pipes	.....	13
Dampness — various causes	.....	18
Miscellaneous	.....	6
		<hr/>
		145
Nuisances brought forward from 1962	.....	3
		<hr/>
Total needing abatement	.....	148
Abated during 1963	.....	145
		<hr/>
Outstanding December 1963	.....	3
		<hr/>
Informal Notices served	.....	57
Informal Notices complied with	.....	54

Closet Accommodation.

Closet accommodation at the end of the year consisted of :—

52 Privies and 4643 water closets.

Privy Conversions.

No privy conversion notices were served during the year.

Refuse Collection.

Household refuse is collected from 3932 Dustbins, 52 Privies and 5 Dry Ashpits.

The weekly task scheme of collection has continued in operation and weekly collections have been maintained at all times.

Sewage Disposal.

The renewal of the sewage works is now well on the way and by late 1964 it is expected to have part of the new works in operation. When this stage is reached the remaining old works will be cleared away to allow for completing the new scheme. Sections of main sewers have been relaid to cope with increasing demand and improve flow.

Salvage.

The contract with Messrs. Thames Board Mills was continued and the following sales were made :—

					Weight			Value		
					T.	C	Q.	£	s.	d.
Mixed Waste	.....	.....	.....	.....	2	11	0	19	15	3
Newsprint	.....	.....	.....	.....	6	14	0	55	5	6
					<hr/>			<hr/>		
					9	5	0	£75	0	9
					<hr/>			<hr/>		

Ice Cream.

No ice cream is manufactured locally. No applications for the registration of premises for the sale of ice cream were received during the year.

The total number of registered premises in the district is 46.

Inspection.

38 inspections of registered food premises were made.

Meat.

One private slaughterhouse is in use in the district. Slaughtering facilities are made available at these premises for three other local butchers.

All the animals slaughtered were examined namely :—
516 Beasts, 6 Pigs and 1,036 Sheep and for the purpose of examination 284 separate visits were paid.

The following table shows the diseased conditions found and the meat and/or organs surrendered and destroyed.

DISEASE	ANIMAL	Parts Surrendered LIVER
Abcess	Beasts	7
Fluke Disease	Beasts	6
Cavernous Angioma	Beasts	2

Other Foods.

The following list shows unsound food surrendered and destroyed by incineration :—

Canned Meats	45 lbs. 6 ozs.
Canned Fish	5 lbs. 2 ozs.
Canned Fruit	276 lbs. 14 ozs.
Canned Vegetables	38 lbs. 6 ozs.
Canned Milk	19 lbs. 2 ozs.
Canned Soup	2 lbs. 14 ozs.
Dried Fruit	12 lbs. 3 ozs.
	<hr/>
	399 lbs. 15 ozs.
	<hr/>

About 22 cwts. of similar stocks were examined and found satisfactory.

Food Premises.

The number and type of food premises in the area including sales shops is as follows :—

Butchers	15
Bakers	2
Canteens	5
Fish Fryers and Wet Fish Salesmen	8
General Grocers	10
General Grocers including bread and confectionery	41
General Grocers including bread confectionery and meat	2
Sugar Confectionery	8

Water Supply.

Stocksbridge's water is supplied and distributed by the Sheffield Corporation Water Works Department. Of the 4105 houses in the district 4027 have a public supply.

Rodent and Insect Control.

Having regard to the negative results of the test baiting of the district's sewers during 1962, the Ministry of Agriculture, Fisheries and Food directed that it was not necessary for the usual annual 10% test of the sewers to be carried out this year.

A few rodent infestations of a minor type found in private dwellings were successfully dealt with by the occupiers with the advice and help given by this department.

Five instances of minor cockroach infestation were found and dealt with.

Periodic inspection of the Council's tip and Sewage Disposal Works show these to be reasonably free from infestation.

Disinfection.

No notification to disinfect premises after infectious diseases were received by this Authority during the year.

Housing.

New Houses Completed.

(a) By Local Authority — East Whitwell Estate	113
Shay House Lane Flats	16
(b) By Private Enterprise	46
Total	175

Closure of Houses.

Representation was made in respect of one house which was found to be unfit for habitation.

Relief of Overcrowding.

In the letting of the Council's houses 3 cases of overcrowding concerning 21 persons were dealt with.

Demolition of Houses.

As a result of formal procedure under Section 16 of the Housing Act 1957 1 house was demolished.

Repair and Reconditioning.

Six dwellings were rendered reasonably fit in consequence of informal action by the Local Authority.

Discretionary Improvement Grants.

Thirty one applications were granted. Twenty seven from owner-occupiers and four in respect of tenanted houses. The value of the grants totalled £3,864.

Standard Improvement Grants.

Ten applications were granted in respect of tenanted houses. The value of the grants totalled £678.

Loans for House Purchase.

The following shows the number and value of loans granted for house purchase and improvement during the year.

Number of Loans Granted.

New Houses	Existing Houses	Improved Houses	Total	Total Value of Loans
67	55	15	137	£190,648

NEW BUILDINGS AND DEVELOPMENT, 1963.

Proposals submitted for Approval.

	Approved	Disapproved	Total
Garages	96	1	97
Garden Sheds, Coal Stores, Porches etc.	13	—	13
Sanitary Conveniences	47	—	47
Store Sheds	5	—	5
Offices and Works Extensions	10	—	10
New dwellinghouses	24	—	24
Dwellinghouse Extensions	13	—	13
Residential Layouts	6	—	6
Overhead Lines	2	—	2
Electrical Substations	1	—	1
Conservatories	6	—	6
Alterations to Shop Premises	1	—	1
Outline Applications	8	8	16
Change of Use	3	2	5
Advertisement Signs	3	—	3
County Infants School	1	—	1
Petrol Filling Station	1	—	1
Clinic	1	—	1
Petrol Pump	1	—	1
Fried Fish Shop	—	1	1
Shops and Supermarkets	2	—	2
Shopping Development	1	—	1
Bus Shelter	1	—	1
Civic Hall	1	—	1
	<hr/> 247 <hr/>	<hr/> 12 <hr/>	<hr/> 259 <hr/>

FACTORIES ACT, 1961.

This table is enclosed by a request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153(1) of the Factories Act, 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1963 FOR THE URBAN DISTRICT OF STOCKSBRIDGE IN THE COUNTY OF YORKSHIRE.

Prescribed Particulars on the Administration of the Factories Act, 1961.

PART I OF THE ACT.

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	4	11	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	26	36	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	19	—	—
TOTAL	38	66	—	—

2.—Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more ‘cases’).

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	—	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	1	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	1	—	—	2	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of Outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel Making etc., clean- ing and washing						
Household Linen			Nil Return			
etc., etc. as per schedule						

Signature,

J. MAIN RUSSELL,

Medical Officer of Health.

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